

START YOUR
FERTILITY
Journey

WITH THE CRYOGENIC EXPERTS

contact@CryoChoice.com

(800) 619-7869

1777 NORTHEAST EXPRESSWAY NE, SUITE 180, ATLANTA, GA 30329

CRYOGENIC EXPERTS

CryoChoice is the #1 Private Sperm Bank in the industry. We are the first company to offer a cost effective at home collection kit, which has revolutionized the way men are able to preserve their fertility future. CryoChoice is FDA registered and has processed and stored thousands of samples for clinical use. Established over twenty years ago, our lab has collaborated with over 250 physician clinics, logging over 1,000 successful inseminations.

Our clients have the peace of mind knowing we provide the highest level of security: including 24 hour tank monitoring systems located in an access controlled room with back-up electrical power, as well as protecting client privacy by shipping kits in an unmarked FedEx package and maintaining medical data in a HIPAA compliant record keeping system.



CHOICE. AFFORDABILITY. QUALITY.

With CryoChoice, you have options. You choose either the Standard testing or the Enhanced testing. With Enhanced testing, the morphology of the sperm sample is evaluated and reported. Fertility specialists value this report. There is also a 6 month payment plan option, which makes banking your sperm affordable and convenient. Order multiple kits to receive discounted pricing.

We have live, trained representatives available 7 days a week to answer your clinical or logistical questions.

PREMIUM SECURITY

Your sample will be maintained in a stainless steel cryogenic storage tank filled with liquid nitrogen. The average temperature in these vessels is -196°C . The temperature is constantly monitored by a computer-controlled probe. As an additional precaution, a manual reading is periodically taken. The room containing these tanks is secured by an access control system so only authorized personnel can enter.

An alarm system alerts staff if the room's security has been breached or if the temperature in the tank becomes abnormal. This system also electronically notifies a 24-7 manned call center. Back-up electrical systems keep critical equipment working in case of a power failure. In any event, a full tank can typically hold an adequate temperature without a refill of liquid nitrogen for approximately seven days.

BASICS.

●●●● STEP 1.

After enrolling, your home collection kit is typically shipped out the same business day. It arrives inside an unmarked FedEx box.

●●●● STEP 2.

You produce your sample in the specimen cup provided, while in the privacy of your own home.

●●●● STEP 3.

Drop your Collection Kit off at your local indoor FedEx location. It will be delivered "Priority Overnight" to the lab in the provided FedEx Packaging.



THE KIT!

Everything you need is included in your kit. We recommend each client enroll for the discounted multi-kit option.

If one sample is all that is needed, a refund is offered on any unused kits ordered.

- Collection Cup
- Collection Worksheet & Instructions
- Sperm Preservative Solution
- Pre-Paid Return Shipping Label & Envelope

Total first year's cost is **\$595** for Standard Testing or **\$695** for Enhanced Testing.

BOTH KITS INCLUDE

- Collection Kit
- Priority Overnight Shipping To Our Lab
- All Lab Processing

- Sperm Count Testing
- Post-Freeze Motility Testing
- Vials Equalized

PRE-VASECTOMY

Men planning a vasectomy are encouraged to store samples of their sperm prior to surgery. Preserving samples may allow a man who has been sterilized to have children without undergoing an invasive re-attachment procedure.

TESTICULAR OR PROSTATE DISEASE OR SURGERY

These diseases and surgeries may result in infertility, so prior storage will be a good option. Collection is appropriate for age 13 and older.

HORMONE REPLACEMENT THERAPY / TRANSGENDER

Treatment with male or female hormones will reduce sperm count. To assure fertility without having to disrupt treatment, sperm storage is an option.

CANCER TREATMENT : CHEMO & RADIATION THERAPY

Patients who are about to undergo, or are undergoing, these therapies are encouraged to store their sperm. These treatments may render a man infertile, so storing sperm while it is viable is a good option.

FERTILITY TREATMENT & PLANNING

Storing sperm prior to an assisted reproductive procedure makes the needed sperm more readily available to the Fertility Clinic and with pre-measured quality and quantity.

Examples of such procedures are: **(AI)** Artificial Insemination, **(IUI)** Intrauterine Insemination, **(IVF)** In Vitro Fertilization, **(GIFT)** Gamete Intrafallopian Transfer, **(ZIFT)** Zygote Intrafallopian Transfer, and **(ICSI)** Intracytoplasmic Sperm Injection.

HAZARDOUS MATERIAL EXPOSURE

Studies have indicated that on-the-job exposure to hazardous materials may contribute to male infertility. If you work with chemicals or extreme heat, storing samples is a good idea.

MILITARY & HIGH RISK OCCUPATIONS

Military or Law Enforcement clients choose cryopreservation not for fear of death, but due to exposure to hazardous chemicals, extreme heat and because an injury causing infertility would be heart-breaking. Banking semen also allows opportunities for conception during frequent or prolonged separation from partners.

LOW SPERM & OLIGOSPERMIA

When low sperm count is preventing a natural pregnancy, pooling multiple low-count samples will create a higher quality sample useful for artificial insemination. This may aid in creating a successful pregnancy.

CHRONIC MEDICAL CONDITIONS

The human body is temperamental, and all systems rely on each other to function properly. For the male reproductive system, this is especially true, as it works directly in conjunction with several other organ processes to function at optimal capacity. If you suffer from multiple co-morbid conditions, it is recommended to store your sperm as these conditions could have an impact on male fertility.

AGING

Aging is one of the leading causes in male infertility, low fertility, or difficulty conceiving. For men older than fifty, the chances of miscarriage during the early weeks of pregnancy is almost doubled, when using natural conception, thus making sperm storage a good option to preserve your future.

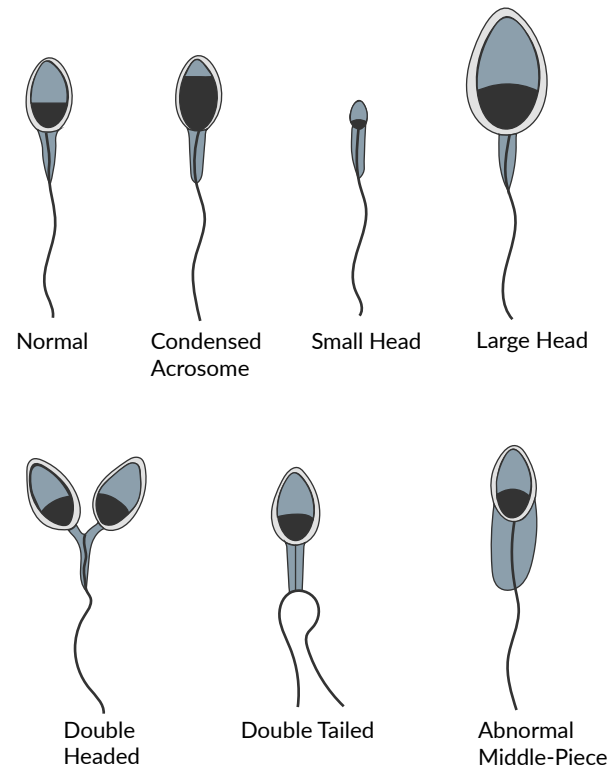
ENHANCED TESTING



Here at CryoChoice, we offer our clients the option of sperm morphology examination through our **Enhanced Testing Service**. Sperm morphology, is the physical form of an individual's sperm.

Morphology is an important aspect of a males reproductive capability. This allows for a full understanding of any fertility problems that may exist, and gives you the ability to prepare for future insemination procedures.

Fertility Specialists value this report.



ENHANCED - ONLY \$100 MORE

ASK ABOUT OUR MULTIPLE KIT DISCOUNT



WHAT IS NORMAL SPERM?

Normal sperm have a smooth oval shaped head that is 5-6 micrometers long and 2.5-3.5 micrometers wide, a well-defined acrosome (cap) that covers 40-70% of the sperm heads, No visible abnormality of the neck, midpiece, or tail. Abnormal sperm deviates from these criteria.

IF I HAVE ABNORMAL SPERM... CAN IT STILL FERTILIZE AN EGG?

Yes, although higher than average abnormal sperm has been linked to infertility in some cases. Also there has been no correlation of abnormally shaped sperm, with genetic defects in regards to the child.

FAMILY *Planning*

Here at CryoChoice, we strongly believe that “No sample is a bad sample.” Sure, some samples may have less motile sperm, or have less sperm overall. This does not make your sample inadequate. It simply means that one fertility procedure may be better for your sperm than another. Since CryoChoice believes it is important for you to have options, below is a list of fertility alternatives. For best results, please speak with a fertility specialist.

1)

INTRAUTERINE INSEMINATION (IUI)

Involves a laboratory procedure to separate fast moving sperm from more sluggish or non-moving sperm. The fast moving sperm are then placed into the woman's uterus close to the time of ovulation when the egg is released from the ovary in the middle of the monthly cycle.

IUI is often recommended if the sperm sample has a high volume, and motility percentage.

2)

INVITRO FERTILIZATION (IVF)

During the IVF process, eggs are removed from the ovaries and fertilized with sperm in the laboratory. The fertilized egg (embryo) is later placed in the woman's uterus.

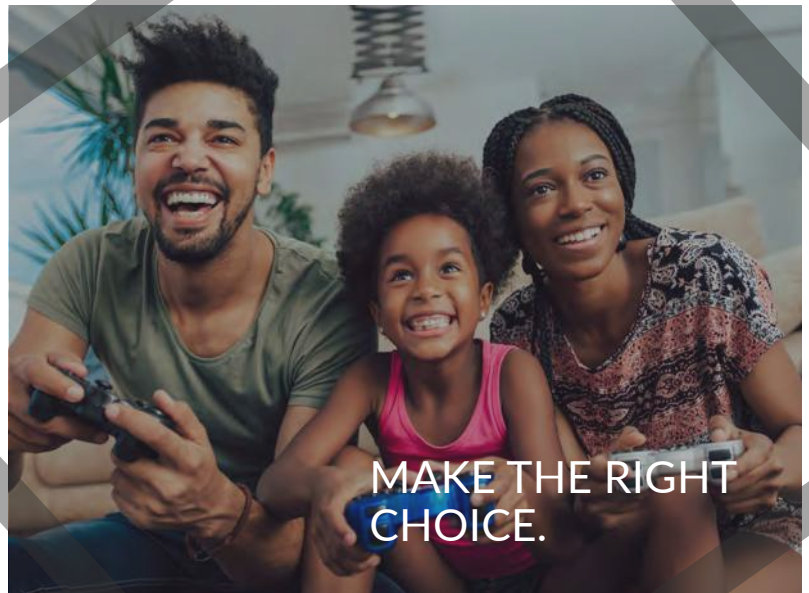
IVF is often recommended if the sperm sample has a low volume and motility percentage.

3)

INTRA-CYTOPLASMIC SPERM INJECTION (ICSI)

Involves injecting a single sperm directly into an egg in order to fertilize it. The fertilized egg (embryo) is then transferred to the woman's uterus. The major development of ICSI means that as long as some sperm can be obtained (even in very low numbers), fertilization is possible.

ICSI is often recommended if the sperm sample provided has little to no motile sperm.



MAKE THE RIGHT
CHOICE.

HOW MANY KITS SHOULD I ORDER?

Having multiple samples processed will increase your total storage volume and allow for more attempts at A.I. and multiple pregnancies. Most of our clients take advantage of our multiple kit discount. Any unused kit is eligible for a full refund minus a kit fee. Please contact a CryoChoice representative for additional information or visit our website: www.cryochoice.com.

HOW LONG CAN I STORE MY SPERM?

Science has shown that sperm can be cryogenically stored indefinitely. There have been successful pregnancies from sperm cryogenically stored for nearly 30 years. Each client's sperm will react differently to the freezing process.

IS A BLOOD TEST REQUIRED?

Blood tests are required within 90 days of sample collection (7 days for California Residents). This allows us to remain in compliance with our accreditation agencies. If no blood test is submitted, you may not be able to retrieve the sperm sample for future use. The required blood testing can be performed through CryoChoice or your primary healthcare provider. Contact a Client Support Specialist for details **800-619-7869**.

AM I REQUIRED TO STORE FOR A CERTAIN LENGTH OF TIME? WHAT IS YOUR REFUND POLICY?

CryoChoice customers may store for as long as you desire. If you choose not to use our services any time before your sample has been processed, you will be eligible for a full refund minus a \$50 Kit Fee (per kit) and shipping charges. If you choose not to store your processed sample, an additional lab processing fee of \$199, per kit processed, will be deducted from your refund.

- Please note that samples must be stored for a minimum of 90 days before they can be released for use.

WHAT IS THE COLLECTION PROCESS?

Once your order is placed, your CryoChoice package is mailed to your home priority overnight (Saturday delivery is available for an additional fee). After your sample is collected (Monday through Thursday only) and placed into the provided pre-paid packaging. Your package must be taken to a FedEx location before the Priority Overnight drop off time. Then, your sample will be transported to the lab by 10 am the next morning. A detailed report of your results will be sent to you within 2 business days. A CryoChoice Client Support Specialist is available to answer any questions you may have during the process.

HOW DO I RETRIEVE MY SAMPLE FOR USE?

If your sample is needed, you will contact CryoChoice to complete the release paperwork. A shipping and release fee will be assessed and your sample will be prepared within 2-3 weeks of your request. All shipping and release fees must be paid in full prior to your sample being released.

- Please note that samples must be stored for a minimum of 90 days before they can be released for use.

SPERM BANKING ENROLLMENT FORM

1 CONTACT INFORMATION

First Name: _____ M.I.: _____ Last Name: _____

Name of Parent/Legal Guardian(if enrolling a minor): _____

Birth Date: _____ / _____ / _____ Email: _____
month day year

Primary Ph: (_____) Secondary Ph: (_____)

Street: _____

City: _____ State: _____ Zip: _____

2 DOCTOR INFORMATION

Doctor First Name: _____ Doctor Last Name: _____

Procedure Date: _____ / _____ / _____ Phone: (_____)
month day year

Street: _____

City: _____ State: _____ Zip: _____

3 SELECT # OF KITS, SHIPPING & PAYMENT OPTION

Please Select Only One Kit Box Below - Standard or Enhanced

STANDARD KITS

Full Payment or Payment Plan*

☐ 1 Kit \$595 ☐ 6 pmts. of \$115*

☐ 2 Kits \$995 ☐ 6 pmts. of \$180*

☐ 3 Kits \$1295 ☐ 6 pmts. of \$230*

ENHANCED KITS

Full Payment or Payment Plan*

☐ 1 Kit \$695 ☐ 6 pmts. of \$130*

☐ 2 Kits \$1095 ☐ 6 pmts. of \$195*

☐ 3 Kits \$1395 ☐ 6 pmts. of \$245*

Please Select Your Shipping Option:

☐ Priority Overnight Shipping: \$39 or ☐ Saturday Priority Overnight Shipping: \$75 (One flat rate for however many kits you order!)

Credit Card Type:

Credit Card Number:

Credit Card Expiration:

CVV Code:

Visa / MC / AMEX / Discover
(please circle one)

____ / ____ / ____
month day year

4 SIGN AUTHORIZATION BELOW

I authorize CryoChoice to charge my card number above according to the payment option I have made. I am committing to annual storage payments of \$149 each. And a one-time initial shipping fee of \$39 for overnight shipping to the contact address provided above. I agree to place my card on file to pay for future, annual storage fees as they come due.

Signed: _____ Date: ____ / ____ / ____

CLIENT SERVICE AGREEMENT - SEMEN COLLECTION & STORAGE

This Agreement is entered into between the undersigned semen depositor (hereinafter the "Client" or "You" or "Your") and CryoChoice, LLC (hereinafter referred to as "CryoChoice" or "We" or "Our" or "Us"), and in consideration of the promises and covenants set out below, the parties agree as follows:

1. Client's Duties and Responsibilities. The Client is responsible for collecting and shipping his semen according to and in compliance with CryoChoice's instructions that are included in the collection kit which We will supply to You. Following collection, the Client will ship the semen using the shipping label and collection kit provided by CryoChoice and the delivery service designated by CryoChoice. The Client is responsible for making sure the Semen Banking Collection Worksheet is completely filled out and returned with the semen so that Your semen can be properly identified and stored by the laboratory. Failure to return a fully completed Collection Worksheet with Your semen could result in Your semen not being stored by the laboratory, or being stored in such a way that it cannot be located in the future when needed. The Client is responsible for following all enclosed directions and properly packing the semen for shipment to the laboratory. The Client expressly acknowledges that successfully collecting and transporting the semen is a crucial part of successfully cryopreserving Your semen, and the failure to follow the collection or transportation directions may result in the laboratory being unable to process or store Your semen at all or may result in diminished clinical results or outcomes.

2. Testing and Storage of Semen. Upon receipt at our laboratory, the semen will undergo various tests in accordance with applicable laws, regulations and industry standards. Blood tests, including but not limited to Hepatitis B, Hepatitis C, HIV, Human T-cell Lymphotropic Viruses (HTLV), cytomegalovirus and syphilis may be required in order to store Your Semen or to retrieve Your semen from storage. You understand there are risks to having Your blood drawn including without limitation bruising, discomfort, nerve damage, redness or inflammation around the needle site. CryoChoice may not be able to store Your semen or release stored semen if any of the blood tests are positive. If the semen is eligible for processing and storage, Our laboratory will process and store the semen at cryogenic temperatures pursuant to normal and customary industry procedures applicable at the time. The Client understands it is not known at this time how long semen can safely and effectively be stored using this process. The Client understands and acknowledges under some circumstances, the Laboratory may require You to complete health questionnaires and undergo new testing or retesting of Your semen or Your blood for infectious diseases or other tests as may be required by Us. These new or additional requirements may become necessary after Your semen has been processed, frozen and stored. If new or additional testing is required, You acknowledge Your semen or blood must undergo such tests within 90 days after written notice from CryoChoice. Failure to comply with such notice or failure to reimburse CryoChoice for any costs associated with these additional requirements will result in the termination of this Agreement. CryoChoice reserves the right, at Our discretion, with or without notice, to transfer Your semen to another storage facility during the term of this Agreement at Our expense.

3. Termination of The Agreement

3.1. Termination By Client. The Client may terminate this Agreement at any time by giving written notice to CryoChoice at least 90 days prior to the effective date of such termination. If the Client decides to terminate this Agreement, the Client will not be entitled to a refund of any amounts previously paid under this Agreement. The written notice of Your intent to terminate this Agreement must also provide written instructions to CryoChoice regarding disposition of your semen. If You do not provide such written instructions regarding disposition of your semen CryoChoice in its sole discretion shall have the absolute and unfettered right to destroy the semen without further notice to You. If You elect to have Your Semen transferred to a different facility, You will be responsible for any and all transfer fees, costs or expenses relating to the transfer of the Semen, including but not limited to preparation of the semen for transfer and all shipping costs.

3.2. Termination by CryoChoice. CryoChoice shall have the right to terminate this Agreement at any time if the Client is in breach of any provision of this Agreement and said breach continues for a period of thirty (30) days after CryoChoice gives You written notice of said breach. Upon termination of this Agreement pursuant to this section, any remaining semen being stored by CryoChoice pursuant to this Agreement shall become the sole and exclusive property of CryoChoice, and CryoChoice in its sole discretion shall have the absolute unfettered right to destroy the semen without further notice to You, Your estate, heirs, successors, beneficiaries or anyone else who may or does claim an interest in Your Semen.

3.3. Death of Client. CryoChoice's right to terminate this Agreement for breach of any provision, including non-payment, continues even after Client's death. Client agrees to make whatever arrangements You deem necessary so Your estate, heirs, successors, beneficiaries or anyone else who may have an interest in Your semen will take the appropriate action to notify CryoChoice of Your death and to request an assignment of this contract pursuant to Section 7. Any changes to ownership or title of, or transfer of, the semen after your death, must be by an official court order.

4. Retrieval of Sample. You shall have the right to obtain Your semen at any time provided: (1) You give written notification to CryoChoice at least thirty (30) days in advance of the date needed; (2) the written notice includes the date of transfer and the name, address and telephone number of the person/entity who shall take possession of the semen; and (3) all fees and costs (including preparation, shipping and transfer costs) due to CryoChoice are paid in full prior to the transfer date. The Client shall be responsible for all transfer fees, costs and expenses associated with preparation, shipping and transfer of the Semen. Your semen can only be transferred to another duly registered and licensed storage facility or medical practice recognized as such by Us. The receiving facility or practice must provide Us with all appropriate and necessary medical orders and paperwork.

5. Fees. The Client has selected either full payment or a payment plan as set forth on the attached Enrollment Form which is incorporated herein and made a part of this Agreement. CryoChoice reserves the right to change Your annual storage fee with or without prior notice to reflect any market changes or cost increases.

6. Term of Agreement. The Term of this Agreement shall commence upon the date written next to the CryoChoice Representative's signature below. This Agreement shall remain in force for one year, and it shall thereafter renew automatically for additional one year periods unless either party notifies the other in writing of their intent not to renew this Agreement. A non-renewal notice must be sent at least sixty (60) days prior to the expiration of this Agreement or any annual renewals.

CLIENT SERVICE AGREEMENT - SEMEN COLLECTION & STORAGE

7. Assignment. This Agreement is not assignable by the Client without notice to and written consent from CryoChoice. CryoChoice may delegate its responsibilities hereunder to one or more subcontractors who perform similar services as part of their regular business activities. CryoChoice may assign this Agreement to any partnership, association, individual, corporation or other entity that provides similar services or intends, after such assignment, to provide such services.

8. No Warranty or Guarantee; Limitation of Liability. You acknowledge neither CryoChoice nor the Laboratory nor any of their respective officers, directors, shareholders, employees, agents or consultants have made any representations, guarantees or warranties, express or implied, to You of any type or nature. Without limiting the generality of the foregoing, there have been no representations, warranties or guarantees with respect to (i) suitability of semen for future inseminations or pregnancies; (ii) any advantage(s) of using semen that has been cryopreserved over other clinical means of insemination; (iii) the merchantability or fitness for a particular purpose or use of any product or service hereunder. CryoChoice shall not be liable for any delay or failure to perform per the terms of this Agreement caused by Acts of God or other causes beyond the parties' control and without fault or negligence on behalf of CryoChoice. The Client agrees any claim against CryoChoice or the Laboratory or the assignee of either, including but not limited to any claim for loss, injury, damage or destruction for whatever reason shall be limited to the total amount of fees paid by the Client to CryoChoice under this Agreement. The Client hereby releases CryoChoice and its officers, directors, shareholders, employees, agents, affiliates, successors and assigns from any and all other liability for any and all loss, harm, damage or claim of any kind arising out of or related in any way to CryoChoice's acts or omissions related to this Agreement to the extent that such loss or damage exceeds the amount that the Client has paid to CryoChoice. The Client understands that by making this release the Client is giving up any right that might exist either now or in the future to sue or otherwise seek money damages or other relief against CryoChoice for any reason relating to the Services, with the sole exception of seeking a return of any moneys paid under the Agreement. You understand and acknowledge that semen transported by overnight courier will likely yield lesser clinical results including but not limited to, lower motility and lower total sperm count than semen produced, processed and stored in the same location not requiring overnight transport.

9. Arbitration. This Agreement shall be governed by and construed in accordance with the laws of the State of Georgia, without regard to its principles of conflicts of laws. Any controversy, claim or dispute arising out of or relating to this Agreement and/or the performance or breach thereof shall be submitted to binding arbitration with the American Arbitration Association in Atlanta, Georgia in accordance with the then prevailing rules for commercial arbitration. Arbitration shall be by a single arbitrator, reasonably acceptable to both parties, who shall be selected in accordance with AAA rules for selection of a single arbitrator. The decision of the arbitrator shall be final, binding and conclusive on the parties and may be entered and enforced to the fullest extent permitted by law in any court of competent jurisdiction. By signing this Agreement, Client voluntarily consents to the jurisdiction of the Courts of Georgia with respect to any dispute arising out of this Agreement and hereby expressly waives any jurisdictional defenses.

10. Notices. All notices given in connection with this Agreement shall be in writing and must be made either by hand delivery with signed receipt, certified mail return receipt, or by commercial overnight delivery service with proof of signature required. All such notices shall be deemed to have been given on the date of receipt as evidenced by the signature of the recipient. Both parties agree to promptly notify the other within 30 days in the event of a change in the current address at any time during the term of this Agreement.

11. Waiver. Failure of any party to enforce a right, power or option under this Agreement shall not constitute a waiver by such party of its rights at any time to require exact and strict compliance with any or all of the provisions herein.

12. Miscellaneous. This Agreement contains the entire agreement between the parties, and there are no understandings, agreements, or representations other than as set forth herein. The Parties expressly agree that there are no other intended beneficiaries to this Agreement other than the parties themselves. No modification, amendment or waiver of any provision of this Agreement, nor any consent to any departure by any party from the terms hereof, shall be effective unless the same be in writing and signed by all parties hereto. This Agreement shall be considered severable, and may be executed in one or more counterparts.

I have read and understand the above agreements, consents, limitation of liability and releases, and know the services described above are totally voluntary and elective on my part. I have discussed the services with my healthcare provider, and I have signed this Agreement freely and voluntarily. By signing this Agreement, I hereby acknowledge that I am giving up legal rights I might otherwise have had.

By Client: _____
Signature Sperm Depositor

By CryoChoice: _____
CryoChoice Representative Date

Date: _____

1777 Northeast Expressway NE, #180
Atlanta Ga. 30329

Please print name
and address _____

#1 PRIVATE SPERM BANK



 **CryoChoice**

We should...
CHAT!

CONVENIENT. PRIVATE. AFFORDABLE. TIME-SAVING.



@CRYOCHOICE

CALL CRYO (800) 619-7869

@ INQUIRE
contact@CryoChoice.com



WEBSITE
www.CryoChoice.com

FAX CRYOCHOICE
(404) 795-9126



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